

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																								
1 Date of Request: _____		2 Serial/Patent # <u>101522457</u>																																																						
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 15%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td></td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td></td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td></td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td></td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td></td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td></td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td></td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td></td></tr> <tr><td></td><td>Other</td><td></td><td></td><td></td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment					Extension of Time					Notice of Appeal/Appeal					Petition					Issue					Cert of Correction/Terminal Disc.					Maintenance					Assignment					Other				<table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%;"></td> <td style="width: 60%;">7 TOTAL AMOUNT OF REFUND</td> <td style="width: 30%;">\$ 250</td> </tr> </table>				7 TOTAL AMOUNT OF REFUND	\$ 250
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Overpayment</td></tr> <tr><td></td><td>Duplicate Payment</td></tr> <tr><td></td><td>No Fee Due (Explanation):</td></tr> </table>			Overpayment		Duplicate Payment		No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Treasury Check</td></tr> <tr><td></td><td>Credit Deposit A/C #:</td></tr> <tr> <td style="width: 5%;">9</td> <td style="width: 95%; text-align: center;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 04--1121 </div> </td> </tr> </table>			Treasury Check		Credit Deposit A/C #:	9	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 04--1121 </div>																																									
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11 REFUND REQUESTED BY: _____																																																								
TYPED/PRINTED NAME: _____		TITLE: _____																																																						
SIGNATURE: <u>P. Kidwell</u>		PHONE: _____																																																						
OFFICE: _____																																																								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****																																																								
APPROVED: _____		DATE: _____																																																						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: